



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BOYD et al. Docket: 372545-01201 (336919)  
Serial No. 09/638,457 Examiner: Myhre, James W.  
Filed: August 14, 2000 Art Unit: 3622  
For: OFFLINE-ONLINE INCENTIVE POINTS SYSTEM AND METHOD

Mail Stop No Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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### AMENDMENT TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:  
 3 Page Supplemental Amendment.

### STATUS

Applicant is a large entity

### EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00
		Fee \$0.00

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on December 31, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop No Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: December 31, 2003

Yvette Yturralde-Owen

02/02/2004 PLEWIS 00000010 502778 09638457

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09/638,457

01/01/04  
Approved  
Patent  
One Month  
One Day 2/1/04

81896.1.17 12/31/2003



## FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total * 35	Minus *0* 55	= 0	x9=	\$0	x18=	\$0
Indep. * 6	Minus *0* 6	= 0	x43=	\$0	x86=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+130=	\$	x260=	\$0
			TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT.FEE

No additional fee for claims required.  
 Total additional fee for claims required \$172.00.

## FEE PAYMENT

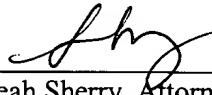
Attached is a check in the sum of \$ \_\_\_\_\_ for \_\_\_\_\_ fee.  
 Charge Account No. 50-2778 the sum of \$172.00 for additional claims fee.

## FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: December 31, 2003

  
Leah Sherry, Attorney for Applicants  
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